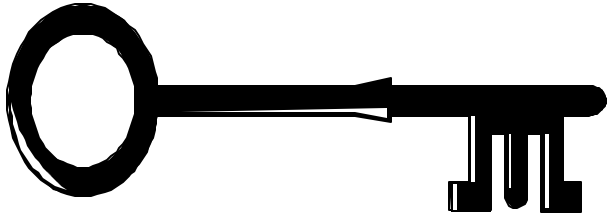


Financial Planning Worksheet



The Five Keys of Financial Planning

1  Determining Your Goals

2  Risk Management

3  Asset Allocation

4  Tax Planning

5  Estate Planning

Living Debt Free:

Liabilities:	Amount?
• Home	\$ _____
• Car	\$ _____
• Consumer (Credit Cards, etc.)	\$ _____
• Investment Property	\$ _____
Total Amount Owed	\$ _____
Total Monthly Payments	\$ _____

Financial Independence / Retirement:

• Current Age	_____
• Desired Retirement Age	_____
• Years to Save	_____
• Income Desired	\$ _____
• Current Monthly Contributions	\$ _____
• Current Retirement Savings	\$ _____

Projected Goals / Purchases:

Do you have a separate savings account for any of the following?

Estate Planning:

• Living Trust	Yes / No
• Irrevocable Life Insurance Trust	Yes / No
• Charity	Yes / No
• Spend It?	Yes / No
• Pass it to Heirs	Yes / No

	When?	Amount?
• Car	_____	\$ _____
• Home	_____	\$ _____
• Vacation Home	_____	\$ _____
• College Education	_____	\$ _____
• Boat	_____	\$ _____
• Other _____	_____	\$ _____

Personal Inventory

Name First Last		Age	Sex	Birth Date	Soc. Sec. Number
Name (1)					
Name (2)					
Dependents					Pay for College? (Circle)
1					Yes / No
2					Yes / No
3					Yes / No
Annual INCOME (1) \$		Attach copy of previous year W-2 or 1040 Tax Return			
Annual INCOME (2) \$					
TOTAL ANNUAL INCOME (3) = (1) + (2)		\$			
TOTAL MONTHLY INCOME (4) = (3) ÷ 12 months		\$			

Home Address					
City		State		Zip	
Email Address:			Business Phone (1) ()		
Home Phone ()			Business Phone (2) ()		
Employment Data					
Employer (1)		How long employed_____		Employer (2)	
Occupation (1)		<input type="checkbox"/> Self Employed		Occupation (2)	
				How long employed_____	
				<input type="checkbox"/> Self Employed	

Assets

		Current Balance	Monthly Additions	Return on Investment				
(A)	Savings Accounts	\$	\$	%				
		\$	\$	%	TOTAL (A)			
		\$	\$	%	\$			
(B)	Checking Accounts	\$	\$	%	TOTAL (B)			
		\$	\$	%	\$			
(C)	Investments (Stocks, Bonds, Mutual Funds, etc.)	\$	\$	%				
		\$	\$	%				
		\$	\$	%				
		\$	\$	%				
		\$	\$	%				
		\$	\$	%	TOTAL (C)			
		\$	\$	%	\$			
(D)	Real Estate	Market Value	Cost Basis	Mortgage Balance	Payment	Mortgage Terms (ie: 30yr @ 8%)	# of Payments Remaining	
	Investment / Rental	\$	\$	\$	\$			TOTAL (D)
	Home	\$	\$	\$	\$			\$
(E) TOTAL ASSETS = A+B+C+D								\$
TOTAL ASSETS (E)								

Retirement Plans

(F) (IRAs, 401-k's, Pensions)	Maturity Date	Current Balance	Monthly Additions	Company Matching	Return on Investment	
		\$	\$	\$/%		
		\$	\$	\$/%		
		\$	\$	\$/%		
		\$	\$	\$/%		
		\$	\$	\$/%		TOTAL (F)
		\$	\$	\$/%		\$
(G) TOTAL ASSETS = E + F						\$

Monthly Cash Flow (Expenses)

(A) Living Expenses (If annual, please note.)	
Housing - Mortgage Payment/ Rent	\$ _____
Auto/Transportation	\$ _____
Debt Repayments	\$ _____
Food	\$ _____
Medical/Dental (uninsured)	\$ _____
Entertainment/Recreation	\$ _____
Education	\$ _____
Charity/Gifts	\$ _____
Clothing	\$ _____
Vacation	\$ _____
Home Maintenance/Furnishings	\$ _____
Utilities	\$ _____
Other	\$ _____
(A) Total Monthly Living Expenses:	\$ _____

(B) Taxes	
Federal Income Tax	\$ _____
State Income Tax	\$ _____
FICA - Social Security	\$ _____
Property Taxes (Home)	\$ _____
Property Taxes (Other Real Estate)	\$ _____
Other	\$ _____
(B) Total Monthly Taxes:	\$ _____

(C) Savings & Investments	
Savings Accounts	\$ _____
Money Market Fund	\$ _____
Mutual Funds	\$ _____
Stocks & Bonds	\$ _____
Annuities	\$ _____
IRA/Keogh	\$ _____
Pension Plans, TSA, 401-k	\$ _____
Other	\$ _____
(C) Total Monthly Savings & Investments:	\$ _____

(D) Insurance Premiums	
Medical/Dental	\$ _____
Life	\$ _____
Disability	\$ _____
Homeowner's/Renter's	\$ _____
Auto	\$ _____
Other	\$ _____
(D) Total Monthly Insurance Premiums:	\$ _____

(4 from pg 2) Total Monthly Income:	\$ _____
Total Monthly Expenses = A+B+C+D	\$ _____
Discretionary Income (+ or -):	\$ _____

Liabilities

Type	Balance	Monthly Payment
(H) Mortgage Loans (Home)	\$ _____	\$ _____
Rental	\$ _____	\$ _____
Other	\$ _____	\$ _____
(I) Auto Loans	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
(J) Credit Cards	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
(K) Other	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Total Liabilities = H+I+J+K = L	\$ _____	Total E+F (pg 2)
Total Assets = G	\$ _____	
Net Worth = G-L	\$ _____	

Life Insurance

Company	Death Benefit	Insured A/B	Cash Value	Annual Premium
	\$ _____		\$ _____	\$ _____
	\$ _____		\$ _____	\$ _____
	\$ _____		\$ _____	\$ _____

Disability Insurance

Insurance Company	Waiting Period	Monthly Benefit	Annual Premium
With Employer (1)		\$ _____	\$ _____
With Employer (2)		\$ _____	\$ _____
Personal (1)		\$ _____	\$ _____
Personal (2)		\$ _____	\$ _____

Long Term Care Insurance

Insurance Company	Waiting Period	Monthly Benefit	Annual Premium
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

Wills & Trusts

	1		2	
	Will	Trust	Will	Trust
Do you have a will or trust?	Yes / No	Yes / No	Yes / No	Yes / No
Last reviewed? Month / Year i.e. 5/93	/	/	/	/

Please take time to fill in the risk section on the next page.

All information contained herein is confidential and will be used ONLY to aid you in achieving your financial goals.

Investment Goals:

What return would you like to average over the next 10 years? _____ %

Rate the priority of each objective to your overall investment portfolio.

	Circle one for each line				
	Low Priority				High Priority
Liquid Account for Emergencies	1	2	3	4	5
Safety of Principal	1	2	3	4	5
Diversification of Assets	1	2	3	4	5
Professional Asset Management	1	2	3	4	5
Short-Term Gains on Investments	1	2	3	4	5
Current Income from Investments	1	2	3	4	5
Long-Term Growth of Investments	1	2	3	4	5
Performance that Exceeds the S&P 500 Index	1	2	3	4	5
Tax Managed Investments	1	2	3	4	5

What period of time do you consider long-term? _____

What period of time do you consider short-term? _____

Do you have a separate savings account for planned expenses (college tuition, house, car, major repairs, etc.)?

- No, I have no separate account for these expenses.
- Yes, I have a plan for these expenses.

How would you select your investments (choose only one of the following)?

- I would choose only low risk investments (chance of losing original investment very small).
- I would choose mixed risk investments (low, medium and high) with most of my money in low risk investments and the balance in higher risk higher yield investments.
- I would choose a balanced mix with some in low risk investments but the majority in higher risk investments (greater yield).
- I would choose only high risk investments (higher yield) for their greater return.

If you could improve your return by taking more risk, which one of the following would you choose?

- I would take more risk with all of my money.
- I would take more risk with some of my money.
- I would take a little risk with all of my money.
- I would take a little risk with some of my money.
- I would not take any risk with my money.

From August 31, 2000, through March 31, 2001 stocks lost more than 25%. If I owned a stock investment that fell more than 25% in 7 months, I would:

- Sell the investment as soon as its value dropped more than 15%
- Establish a stop-loss to limit my downside risk, at a pre-determined price.
- Buy more, if the investment still met my criteria for purchase.

During severe market declines, I tend to sell portions of my riskier assets and invest the money in safer assets.

- Strongly disagree.
- Disagree.
- Somewhat agree.
- Agree.
- Strongly agree.

For the years 1998 & 1999, the S&P 500 Index averaged greater than 20% return. If I owned an investment that tracked its performance during that period, I would:

- Hold the shares I owned continuing to focus on the long-term.
- Hold my original investment and sell only the profits in my investment by establishing a stop-loss to recognize profits at predetermined prices.
- Sell all of the shares I owned and recognize the profits at the end of each year.

Signature(s) _____ Date _____